

# Foster Family Home - Corrective Action Report

Provider ID: 1-593196

Home Name: Melita Agpaoa, CNA

Review ID: 1-593196-8

94-458 Opeha Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/15/2019

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 11/15/19.

Corrective Action Report issued during home inspection with all items due to CTA by 12/15/19.

6.(d)(1)- see applicable sections of the review

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No training done on confidentiality policies and procedures and client privacy rights for CG#5, HHM#3, HHM#4, and HHM#5.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation done for CG#5 [REDACTED] and no [REDACTED] delegation for CG#1, CG#2, CG#3, CG#4, and CG#5 on Client #1. For Client #3 there were no RN delegation done on [REDACTED] care, dressing changes on surgical wound, and infection control/precautions for CG#1, CG#2, CG#3, CG#4, and CG#5.

## Foster Family Home Records [11-800-54]

54.(c)(1) Client's vital information;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(1)- Noted Client #3 Face/Information Sheet is incomplete- no emergency contact phone numbers, health insurance information, client's vital information.

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

For Client #1- 2 medications do not match MD order, Medication Administration Record, medication bottle.

For Client #2- 1 medication doesn't match the MD order, Medication Administration Record and medication bottle.

Maribel Nakamine, RN  
Compliance Manager

11/15/19  
Date

Melita Agpaoa  
Primary Care Giver

11/15/19  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: MELITA AGPADA

CCFFH Address: 94-458 OPEHA ST, WAIKANA, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16(b)(5)	CG#5 HHM#3, HHM#4, HHM#5 were trained on confidentiality policies and procedures and client privacy rights and signed the forms. Home placed the forms in the administrative binder.	11/18/19	In the future all new caregivers and house hold members will receive these trainings within 10-15 days of being added to the home.
42(C)(3)	RN delegation was done for CG#5, [REDACTED] )H was placed into the client record. RN delegation for [REDACTED] were done for CG#1, CG#2, CG#3, CG#4 and CG#5 on client #1. It was place in the clients records.	12/4/2019 12/4/2019	PCG/Home will notify clients CMA that RN delegations needs to be performed upon orders by the physician or medical provider. Likewise if new care giver will be added to the home.

Primary Caregiver's Signature: \_\_\_\_\_

Melita Agpada

Print Name: MELITA AGPADA

Date of Signature: \_\_\_\_\_

12/13/2019

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: MELITA AGPADA  
CCFFH Address: 94-458 OPEHA ST, WAIKIKU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43.(L)(3)	PN Delegation for [REDACTED] care, dressing changes on surgical wound, and infection control/precautions were done for CG #1, CG #2, CG #3, CG #4, and CG #5 in client #3. It was placed in client's record.	11/18/2019	
54.(X)(1)	Face / Information Sheet such as emergency contact phone numbers, health insurance information, client vital information were completed by CNA. It was placed in client's records / binder.	11/18/2019	CG #1 / PCG will look and make sure that the important information should be completed on the face sheet which is very <del>needed</del> necessary during emergencies.

Primary Caregiver's Signature: Melita Agpada

Print Name: MELITA AGPADA

Date of Signature: 12/13/2019

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: MELITA AGPADA  
 CCFFH Address: 94-458 Opeha St. WaiPahua, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54(C)(5)	Medication discrepancies were corrected by client's CMA. MO/PCP and CG#1 and PCG on client #1 client #2 on their Medication Administration Records.	12/01/2019	CG#1/PCG will check all the medication orders bottles and MAR that all matches before giving and to prevent medication errors. PCG/Home will notify CMA, PCP/pharmacy if they are not proper.

Primary Caregiver's Signature: Melita Agpada

Print Name: MELITA AGPADA

Date of Signature: 12/10/2019